

4782

PLACE OF DEATH

ARIZONA STATE BOARD OF HEALTH

1. County Graham District Safford State Index - - - No. 130
County Registrar's - No. 128
Local Registrar's - No. 128

ORIGINAL CERTIFICATE OF DEATH

Town or City Solomonville, Ariz. No. 130 St. 128 Ward 128
(If death occurred in a hospital or institution, give its NAME instead of street number)

2. FULL NAME Sofia M. Garcia
(a) Residence. No. Solomonville, Ariz. Ward. 128
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE Mex 5. SINGLE, MARRIED, WIDOWED or DIVORCED Married
(Write the word)

5a. If married, widowed, or divorced
HUSBAND of Casimiro Garcia
(or) WIFE of

6. DATE OF BIRTH (month, day and year) 1878

7. AGE Years Months Days IF LESS than 1 day hrs. or min. 50 Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Ariz
(State or country)

10. NAME OF FATHER Jose Mendez

11. BIRTHPLACE OF FATHER Mexico
(State or country)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER Ariz
(State or country)

14. Informant Casimiro Garcia
(Address) Solomonville

15. Filed Dec 9, 1929 J. N. Stratton Local Registrar.
4.13.8.

Filed Dec 9, 1929 J. N. Stratton County Registrar.
V. S. No. 1

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 11-27-1929

17. HEREBY CERTIFY, That I attended deceased from 11-24-1929 to 11-26-1929

that I last saw her alive on 11-26-1929

and that death occurred, on the date stated above, at 11 A. m.
The CAUSE OF DEATH was, as follows:

B. J. Phelan, M. D.

(duration) yrs. mos. ds.

CONTRIBUTORY my lungs
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?
(Signed) J. N. Stratton M. D.
1929 (Address) Safford

* State the Disease Causing Death, or Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL San Jose Ariz DATE OF BURIAL Nov. 28 1929

20. UNDERTAKER H. G. Rouse ADDRESS Safford

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.